

**RHODE ISLAND GOVERNMENT REGISTER**  
**PUBLIC NOTICE OF PROPOSED RULEMAKING**

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**AGENCY:** Rhode Island Department of Corrections

**RULE IDENTIFIER:** ERLID 7975

**REGULATION TITLE:** Offender Supervision and Interstate Transfer Application Processing Fees

**RULEMAKING ACTION:** Notice of Proposed Rulemaking

**TYPE OF FILING:** Repeal

**TIMETABLE FOR ACTION ON THE PROPOSED RULE:**

Public Notice Date: May 1, 2018

End of Public Comment Period: May 31, 2018

**SUMMARY OF PROPOSED RULE:**

Pursuant to the update of R.I. Gen. Laws §42-35, Administrative Procedures, the Rhode Island Department of Corrections (RIDOC) no longer meets the criteria for having to carry out the public hearing process and filing requirements administered by the Administrative Procedures Act (APA) for several of its rules currently filed with the Secretary of State's Office. RIDOC is hereby repealing this rule. The fees found in ERLID 7975 are now included in the proposed adoption of 240-RICR-50-00-1, Fees. These forms have not been changed and are available on our website, <http://www.doc.ri.gov/administration/policy/index.php>.

**COMMENTS INVITED:**

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **May 31, 2018** to the addresses listed below.

**ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:**

**Mailing Address:** Chief of Program Development/Policy Unit  
Maximum Security Administration Wing, 1<sup>st</sup> floor  
1375 Pontiac Avenue  
Cranston, RI 02920

**Email Address:** [doc.policy@doc.ri.gov](mailto:doc.policy@doc.ri.gov)

**WHERE COMMENTS MAY BE INSPECTED:**

**Mailing Address:** Maximum Security Administration Wing, 1<sup>st</sup> floor  
1375 Pontiac Avenue  
Cranston, RI 02920

**PUBLIC HEARING INFORMATION:**

In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

**FOR FURTHER INFORMATION CONTACT:**

Chief of Program Development/Policy Unit  
Maximum Security Administration Wing, 1<sup>st</sup> floor  
1375 Pontiac Avenue  
Cranston, RI 02920  
(401) 462-3533

**SUPPLEMENTARY INFORMATION:**

**Regulatory Analysis Summary and Supporting Documentation:**

The repeal of this regulation does not impose significant economic impacts on Rhode Island. The regulation does not alter the status quo in any way; therefore, the post-action state of the world is identical for all interested parties.

**Authority for This Rulemaking:**

R.I. Gen. Laws § 42-56-10(22), Powers of the director; R.I. Gen. Laws § 42-56-1, Declaration of Policy.

**Regulatory Findings:**

In the development of the proposed amendment consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

**The Proposed Amendment:**

Rhode Island Department of Corrections proposes to amend **ERLID 7975** as follows:

**RHODE ISLAND DEPARTMENT OF CORRECTIONS  
ADULT PROBATION AND PAROLE**

**NOTICE: PROBATION AND PAROLE OFFENDER FEES**

**Offender:** \_\_\_\_\_ **PPTS#:** \_\_\_\_\_ **Offender DOB:** \_\_\_\_\_

**Offenders must initial on the line provided next to each number, in each applicable section(s), to indicate they understand the information they have read or that has been explained to them.**

~~I. Supervision Fees Probation and Parole *Non-Electronic* Monitoring~~  applicable  not applicable

- ~~\_\_\_ 1. I, the undersigned, understand that as of March 17, 2008, all individuals who are under active probation or parole supervision in Rhode Island are required to pay an offender supervision fee. I further understand that the fee of \$20.00 per month must be paid for each month of supervised probation or parole.~~
- ~~\_\_\_ 2. I understand that all fees are collected by a private company under contract with the State of Rhode Island for this purpose, and that a bill will be sent to me on a regular basis. I also understand that payment must be by check or money order made payable to the collection agency and delivered by mail.~~
- ~~\_\_\_ 3. I understand that failure to pay all fees, or falling behind on payments, could result in civil legal action against me, even after my probation or parole has terminated.~~
- ~~\_\_\_ 4. I understand that I am responsible for payment of the full \$20.00 for every month of supervision, unless and until I demonstrate to my Probation or Parole Officer that I am unable to pay these fees. I also understand that I may apply to my Probation or Parole Officer for any waiver of the fees, which will be reviewed on a regular basis.~~
- ~~\_\_\_ 5. I understand and agree that as an individual being supervised on probation or parole, I am legally obligated to pay these fees. I understand that these fees have been instituted under the authority of Rhode Island General Laws §42-56-10 (22), Powers of the Director, and §42-56-38, Assessment of Costs, and that the amount of the fee and the general collection process were established following a public hearing on February 14, 2008.~~

~~II. Supervision Fees Probation and Parole *Electronic* Monitoring~~  applicable  not applicable

- ~~\_\_\_ 1. I understand that as of (**August 31, 2015**), all individuals who are under active probation or parole supervision with EMP/GPS monitoring equipment in Rhode Island are required to pay an offender supervision fee. I understand that the fee of \$6.00 per day must be paid for each day of electronically supervised probation or parole. I further understand that offenders on electronic monitoring are not required to also pay the \$20.00 monthly supervision fee.~~
- ~~\_\_\_ 2. I understand that all fees are collected by the assigned Probation or Parole Officer on a weekly or other agreed upon schedule. I understand that payment must be by bank check or money order made payable to the Rhode Island Department of Corrections. I understand that no cash, personal checks or credit cards will be accepted.~~
- ~~\_\_\_ 3. I understand that failure to pay all fees, or falling behind on payments, could result in civil legal action against me, even after my probation or parole has terminated.~~
- ~~\_\_\_ 4. I agree to be held responsible for payment of \$6.00 per day for the length of supervision unless and until I can demonstrate to my Probation or Parole Officer that I am unable to pay these fees. I understand that I may apply to my Probation or Parole Officer for any waiver of the fee, which will be reviewed on a regular basis. I further understand that the Probation or Parole Officer will notify me of a denial of the waiver and give the reason(s) for the denial.~~
- ~~\_\_\_ 5. I understand and agree that as an individual being supervised on probation or parole, I am legally obligated to pay these fees. I understand that these fees have been instituted under the authority of Rhode Island General Laws §42-56-10 (22), Powers of the Director, and §42-56-38, Assessment of Costs.~~

Public Notice: 12/16/14	Public Hearing:	N/A
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III. Interstate Transfer Application Fee

- ~~1. I understand that if I wish to apply for transfer of my probation or parole supervision to another state I am required to pay an application fee of \$60.00. I understand that each application for interstate transfer must be accompanied by payment of the fee, which must be completed prior to approval for transfer to another jurisdiction. I understand that a bill will be sent to me, and that payment must be by check or money order made payable to the collection agency and delivered by mail. I understand that all fees are collected by a private company that is under contract with the State of Rhode Island for this purpose.~~
  
- ~~2. I understand that if I am unable to afford the \$60.00 fee, I may request a hardship waiver of the fee. I must be able to demonstrate to the Interstate Compact office, or to my Probation or Parole Officer, that I am unable to pay the fee.~~
  
- ~~3. I understand that if I reside in states other than Rhode Island and have been placed on probation or parole in Rhode Island, I may apply to return to my "home" state and have supervision transferred. In addition, I understand that as an offender on probation or parole who resides in Rhode Island and wishes to move to another state I may also request to have supervision transferred. I understand that decisions regarding transfer of supervision are made by the sending state and the receiving state based upon established criteria.~~
  
- ~~4. I understand that failure to pay the application fee in a timely manner (unless waived for financial inability to pay) could result in my transfer application not being processed, and transfer of supervision not being approved. In addition, I understand that if I have been subject to paying a monthly supervision fee in Rhode Island, my payments must be current and up to date prior to my Interstate transfer application being processed. I also understand that payment of the fees will enable the processing of my application to proceed, but does not guarantee that transfer of supervision will be approved.~~
  
- ~~5. I understand that this fee has been instituted under the authority of Rhode Island General Laws section 42-56-10 (22), Powers of the Director, and section 13-9-1 1.3, the Interstate Compact for Adult Offender Supervision.~~
  
- ~~6. I understand that all fees are deposited to the State of Rhode Island General Treasury, in accordance with law.~~

I read or have had explained to me the rules and conditions, applicable to me, as outlined above. I fully understand my responsibilities and do hereby agree to abide by these conditions. I also understand that I will also receive a complete program orientation when I am released to Home Confinement.

\_\_\_\_\_  
*Participant Name* (please print)

\_\_\_\_\_  
*Participant Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Representative* (please print)

\_\_\_\_\_  
*Program Representative Signature* \_\_\_\_\_  
*Date*

Public Notice: 12/16/14	Public Hearing:	N/A
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**RHODE ISLAND DEPARTMENT OF CORRECTIONS  
ADULT PROBATION AND PAROLE**

**NOTICE: PROBATION AND PAROLE OFFENDER SUPERVISION FEE—  
ELECTRONIC MONITORING**

As of March 17, 2008, all individuals who are under active probation or parole supervision in Rhode Island are required to pay an offender supervision fee. The fee of \$6.00 per day must be paid for each day of electronically supervised probation or parole.

All fees will be collected by the assigned Probation or Parole Officer on a weekly or another agreed upon schedule. Payment must be by bank check or money order made payable to the Rhode Island Department of Corrections. No cash, personal checks or credit cards will be accepted.

Failure to pay all fees or falling behind on payments could result in civil legal action against you, even after your probation or parole has terminated.

You will be held responsible for payment of the full \$6.00 for every day of supervision unless and until you demonstrate to your Probation or Parole Officer that payment of these fees would cause unreasonable financial hardship. You must apply to your Probation or Parole Officer for any waiver of the fee, which will be reviewed on a regular basis.

Individuals being electronically supervised on probation or parole are legally obligated to pay these fees, which have been instituted under the authority of Rhode Island General Laws section 42-56-10 (22), Powers of the Director, and section 42-56-38, Assessment of Costs. The amount of the fee and the general collection process were established following a public notice on December 15, 2014.

All fees are deposited to the State of Rhode Island General Treasury, in accordance with law.

**Offender Supervision Fees are more fully explained in Policy #28.25-3 DOC (or a successive policy) + SOP.**

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**Notice reviewed with offender:**

Offender: \_\_\_\_\_ Date: \_\_\_\_\_

P&P Staff: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not hear from Probation and Parole within 4 weeks, call:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You must notify the office immediately of any change of address or telephone.**

RHODE ISLAND DEPARTMENT OF CORRECTIONS  
ADULT PROBATION AND PAROLE

Date Entered \_\_\_\_\_

Offender Fee and/or Interstate Application Fee  
Supervised Offender  
Hardship Waiver Assessment

Offender: \_\_\_\_\_ PPTS #: \_\_\_\_\_ DOB: \_\_\_\_\_

**HARDSHIP WAIVER REQUESTED FOR:**

- OFFENDER FEE Non-electronic monitoring: (\$20.00 per month for all supervised offenders unless waived)
- OFFENDER FEE Electronic monitoring: (\$6.00 per day for all supervised offenders unless waived)
- INTERSTATE TRANSFER APPLICATION FEE: (\$60.00 unless waived)

**Information to Support Request as Available from Offender:**

a. # of Dependents, Including Offender: \_\_\_\_\_

b. Family Income: \$ \_\_\_\_\_

c. Ability to Work/ Earn Income: \_\_\_\_\_

d. Exceptional Expenses: \_\_\_\_\_  
\_\_\_\_\_

e. Other Exceptional Circumstances: \_\_\_\_\_  
\_\_\_\_\_

f. Unnecessary or Excessive Expenses: \_\_\_\_\_  
\_\_\_\_\_

g. Supporting Documentation Reviewed [Paystub, tax return, disability award letter, evidence of expenses, etc.]: \_\_\_\_\_  
\_\_\_\_\_

Based upon review of policy criteria (refer to Policy 28.25-3; DOC and associated SOP) and evidence presented by offender, the Probation and Parole Officer determines that this individual:

IS NOT qualified for a waiver of fees at this time. Reason: \_\_\_\_\_  
\_\_\_\_\_

*STOP HERE if the offender does NOT qualify for a waiver of fees.*

IS qualified for a waiver of **Interstate Application Fee**. *FORWARD WAIVER INFORMATION TO INTERSTATE OFFICE.*

IS qualified for a waiver of **Offender Supervision Fees**. Effective day/month/year: \_\_\_\_\_\*\*.

Offender Supervision Fee waiver is based on:

**Long-term hardship** (specify disability, benefits recipient, serious illness/ accident, retired, other chronic inability to work or earn adequate income; chronic family illness with financial and/or care responsibility; homeless; etc.) and inadequate financial resources. \_\_\_\_\_  
\_\_\_\_\_

*[Review at 12-Month Intervals.]* First Review Due Month/Year: \_\_\_\_\_.

**Short-term hardship** (specify unemployed or underemployed/ actively seeking work; short-term recovery from illness/ accident; participation in inpatient treatment program; full-time student; exceptional client/family expenses; incarcerated—detained or sentenced—when not eligible for banking; etc.) and inadequate financial resources. \_\_\_\_\_  
\_\_\_\_\_

*[Review at 4-Month Intervals.]* First Review Due Month/Year: \_\_\_\_\_.

P+P Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(\*\*Any effective date that is longer than 3 months prior to the date of the form requires specific approval by the Supervisor.)

Public Notice: 12/16/14

Public Hearing: N/A